



COUNTERFOIL AP 000000 N

For use by the person completing the certificate.

Name of deceased child

Sex

NHS No.

Date of death

Age

Place of death

Place of birth

Date last seen alive by me

Post-mortem/ additional information* 1 2 3 4

Externally examined after death* a b c

If b, name

and GMC No.

Cause of death:

(a)

(b)

(c)

(d)

(e)

Name (print)

GMC No.

*Ring appropriate digit(s) and letter

MEDICAL CERTIFICATE OF CAUSE OF DEATH OF A LIVE-BORN CHILD
DYING WITHIN THE FIRST TWENTY-EIGHT DAYS OF LIFE

For use only by a Registered Medical Practitioner who is qualified to do so in accordance with regulation 2(2) of the Death Certification Regulations xxxx.
The certificate may only be given to a registrar after the certified cause has been confirmed by a duly appointed medical examiner and the date of this confirmation is shown on the certificate. This certificate is not required for any death that is investigated by a coroner.

Date of Medical Examiner's Confirmation

Registrar to enter No. of Death Entry

Name of child Sex NHS No.

Date of death as stated to me Age at death as stated to me (whole days) (hours)

Place of death

Place of birth

Date last seen alive by me

- | | | |
|--|--|---|
| <p>1 The certified cause of death takes account of information obtained from post-mortem.</p> <p>2 Information from post-mortem may be available later.</p> <p>3 Post-mortem not being held.</p> <p>4 I may later be able to supply additional information for statistical purposes.</p> | <p>Please ring appropriate digit(s) and letter</p> | <p>a Externally examined after death by me.</p> <p>b Externally examined after death on my behalf by:</p> <p>Name GMC No. <input type="text"/></p> <p>c Not examined after death by me or on my behalf.</p> |
|--|--|---|

CAUSE OF DEATH

(a) Main diseases or conditions in infant

(b) Other diseases or conditions in infant

(c) Main maternal diseases or conditions affecting infant

(d) Other maternal diseases or conditions affecting infant

(e) Other relevant causes

I hereby certify that I attended the deceased in accordance with the Death Certification Regulations xxxx and that the particulars and cause of death given on this certificate are true to the best of my knowledge and belief.

Name (print) GMC No.

Signature Date

For deaths in hospital: please give the name of the consultant responsible for the above named as a patient

SPACE FOR BINDING

MEDICAL CERTIFICATE OF CAUSE OF DEATH

What is this form?

This form shows the cause of death that has been certified by an attending doctor and confirmed by an independent medical examiner. It has been given to you so that you can use it to arrange for the death to be registered.

You must only be given this form after a medical examiner has confirmed the cause and the date of confirmation has been written on the front of the form by, or on behalf of, the attending doctor.

Before confirming the cause of death, the medical examiner, or someone acting on behalf of the medical examiner, will have spoken with you, or with another person who is qualified to register the death, to answer questions about the cause and to allow any concerns to be raised that might require the medical examiner to make further enquiries or the death to be investigated by a coroner.

Who can register the death?

One of the people listed below should register the death within five days of the date on which the cause was confirmed by the medical examiner (see confirmation date given overleaf).

This list is given in order of preference.

- Any relative who has knowledge of the information required for registration, or
- a person present at the death, or
- an occupant of the house, or an official from the hospital, or the person arranging the burial or cremation, or, if the death did not occur in a house or hospital, the person who found or took charge of the body.

Where to register the death

The form should be taken to the register office shown below. Most register offices ask you to telephone to make an appointment so that a registrar is available when you visit. If you are unable to arrange for an appropriate person to register the death within five days, please call the registrar for advice.

Note to issuer: Please attach a label with the address and telephone number of the register office in the district where the death occurred.

Fold here

What will the registrar ask?

The person who registers the death will be asked to provide the following information about the deceased.

1. Full forename and family name
2. Date and place of birth
3. Date and place of death
4. Usual address of parents
5. Names and occupations of the parents

Requirements for registration

A registrar can only register the death and/or provide a certificate for burial, cremation or other means of disposal after:

- This certificate has been taken to the register office and a medical examiner has notified the registrar of the confirmed cause of death shown on the certificate.
- A person who is able to register the death has provided a signature to confirm that the cause of death has been discussed with a medical examiner.

It would be helpful if the person with whom the medical examiner discussed the cause of death could either register the death or attend the register office with the person who will register the death. If this is not possible, the person who registers the death should be told about the discussion with the medical examiner so that s/he can provide the signature mentioned above.

If the person who registers the death raises any concerns that have not been discussed with a medical examiner, the registrar will need to speak with the medical examiner or refer the death to a coroner.

After registration

Once the death has been registered, the registrar will keep this form. You will be given a certified copy of the entry in the register of deaths.

The registrar will also provide a certificate for burial or cremation. This certificate will need to be given to the cemetery, crematorium or a funeral director, if used, with an appropriate application.

SPACE FOR BINDING